

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-3756-01**

MDR Tracking Number: M5-04-1888-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 02-25-04.

The IRO reviewed the work related or medical disability examination conducted by the treating physician on 12/22/03 that was denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the requestor **did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work related or medical disability examination conducted by the treating physician **was not** medically necessary. Consequently, the requestor is not owed a refund of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 24, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service for CPT code 99080-73 (TWCC required form for special reports) on date of service 12/22/03. Reimbursement is recommended in the amount of \$15.00 in accordance with the Medical Fee Guidelines.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to CPT code 99080-73 on date of service 12/22/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 8th day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

May 10, 2004

MDR #: M5-04-1888-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB
Carrier's and Treating Doctor's Correspondence: 10/22/03 – 04/07/04
Office notes and reports: 10/27/03 – 12/19/03
Hospital admission information 10/21/03
Three views of lumbar spine & two views left knee 10/21/03

Clinical History:

This female patient suffered a sprain/strain injury to her neck and lower back in a work-related accident on ___.

Disputed Services:

Treating doctor exam on 12/22/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the exam on 12/22/03 was not medically necessary in this case.

Rationale:

As of November 3, 2003 this patient was on a modified work status and performing clerical duties. The current TWCC #73 in conjunction with her MRI status, presumably of 12/22/03, would be necessary to clarify her current employment status. The TWCC rules do not mandate an impairment rating.

This is left up to the treating doctor's discretion ("barring intervention by RNE or appointed designated doctor") if a treating doctor suspects the patient has sustained an injury, which has left impaired physical functioning. The MMI and impairment report is virtually identical to one of the routine 4-week progress reports with the exception of the included statements for the patient's disqualification for any DRE categories. According to the documentation submitted, there was no diagnostic evidence of clinical pictures to indicate that this patient might have even remotely qualified for any DRE categories. This report was a progress/final examination with no impairment.

The general source of criteria utilized in reaching this decision was the documentation submitted by the treating doctor in comparison to the MMI/impairment report by many of his peers and the TWCC rules, chapter 30, subchapter A, sections 130.1 through 130.4.

Sincerely,